

A.D. 8.11, Human Immunodeficiency Virus Infection
Prepared for signature 8/22/00 - effective 9/6/00

1. Policy. The Department shall provide humane and medically appropriate diagnosis and treatment to persons with a human immunodeficiency virus (HIV) infection. The Department shall offer education and training programs to staff and inmates concerning the prevention of HIV infection and the management of HIV seropositive individuals.
2. Authority and Reference.
 - A. Connecticut General Statutes, Sections 5-142(b), 18-81, 19a-581 through 19a-585, 19a-590, 54-131(c) and 54-131(e).
 - B. Doe v. Meachum, Civil Action No. H-88-562 (PCD), November 2, 1990.
 - C. Smith v. Meachum, Civil No. H-87-221 (JAC).
 - D. American Correctional Association, Standards for Adult Community Residential Services, Supplement, January 1988, Standard 2-2128-1.
 - E. American Correctional Association, Standards for Adult Correctional Institutions, Third Edition, January 1990, Standards 3-4365 and 3-4366.
 - F. American Correctional Association, Standards for Adult Local Detention Facilities, Supplement, January 1988, Standard 2-5263-1.
 - G. AIDS in Connecticut: Recommendations for a State Policy Response, Governor's Human Services Cabinet, May 1989.
 - H. Department of Labor, Occupational Safety and Health Administration, Federal Register Volume 56: No. 235, pages 63861-64186, December 6, 1996.
 - I. Centers for Disease Control. Morbidity and Mortality Weekly Report Recommendations and Reports, May 15, 1998 / 47(RR-7);1-28.
 - J. Hospital Infections Program. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, June 24, 1988 / 24;377-388.
 - K. Administrative Directives 1.7, Research; 2.12 Employee Safety; 4.4, Access to Information; 6.6, Reporting of Incidents; and 10.4, Volunteer and Recreation Services.
3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Acquired Immune Deficiency Syndrome (AIDS). An acquired illness of the immune system which reduces the body's ability to fight certain types of infection and cancers.
 - B. Blood Borne Pathogens. Microorganisms present in human blood which can cause disease in humans.
 - C. Chemoprophylaxis. A regimen of medications used to reduce the risk of HIV infection after a significant blood borne pathogen exposure incident.
 - D. Health Services Staff. Any staff person employed by the Department of Correction, or the Department of Correction provider for health services, on a part time, contractual, or full time basis whose primary responsibility is to provide health services to inmates remanded to the care and custody of the Commissioner of Correction. Any student intern or volunteer under the supervision and direction of health services shall for the purposes of this Directive be considered health services staff.
 - E. Human Immunodeficiency Virus (HIV). The specific retrovirus that has been identified as the organism causing AIDS. It destroys part of the body's immune system, making it susceptible to life threatening opportunistic infections and rare cancers.
 - F. Infection Control Committee (ICC). The composition of ICC shall require, at minimum, two (2) health service representatives from the Department of Correction, and three (3) representatives from

the provider for health services. Department of Correction representatives shall include: (1) the Director of Health Services, or designee; and the (2) Director of Clinical Services. Representatives from the health care provider shall include: (1) the Medical Director who shall be a Board Certified Infectious Disease Physician; (2) the Director of Quality Improvement; and (3) the Director of Utilization Management. The Director of Health Services will designate the chairperson of the committee.

- G. Potentially Infectious Body Fluids. Body fluids include blood, semen, vaginal secretions, or body fluids contaminated with visible blood.
 - H. Significant Blood Borne Pathogen Exposure. A percutaneous (through the skin) injury (e.g., needlestick or cut with a sharp object), contact of mucous membrane or nonintact skin (e.g., when the exposed skin is chapped, abraded or afflicted with dermatitis) or contact with intact skin when the duration of contact is prolonged (e.g.,: several minutes or more) or involves an extensive area, with blood, tissue, or other potentially infectious body fluids.
 - I. Significant Risk of Transmission. Sexual activity that involves the transfer of one person's semen, vaginal or cervical secretions to another person or sharing of needles during intravenous drug use.
 - J. Source Individual. The individual or individuals who may have been the source of the blood or other potentially infectious body fluid that was involved in the occupational exposure incident.
 - K. Staff/Staff Member. Any employee of the Department of Correction or the Department of Correction provider for health services.
 - L. Universal Precautions. A set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood borne pathogens when providing first aid or health care.
4. Staff Training. The Deputy Commissioner of Programs or designee shall approve all employee training relating to blood borne pathogens. All new employees shall receive mandatory HIV/AIDS information during the Pre-Service training at the Center for Training and Staff Development. All other employees shall receive mandatory HIV/AIDS training annually. Training shall include efforts designed to enhance the understanding of HIV infection and reduce fear, prejudice, and discrimination against HIV positive individuals. Training shall cover confidentiality and disclosure laws regarding HIV and AIDS related information. All training shall be documented in the employee's training record. HIV/AIDS educational materials and updates shall be made available to staff.
5. Precautionary Procedures. All staff shall utilize Universal Precautions to avoid potential exposure to blood or body fluids.
- A. Staff shall assume that all persons may be carriers of blood borne pathogens.
 - B. Personal protective equipment shall be available at all Department of Correction facilities.
 - C. Personal protective equipment shall include, but is not limited to, masks, disposable moisture proof gowns, hair covers, shoe covers, latex gloves, masks and mouth barriers for CPR.
 - D. Personal protective equipment shall meet the OSHA standards regarding blood borne pathogens.
 - E. Kits with personal protective equipment shall be placed in strategic places in each facility, as well as in all state vehicles used to transport inmates. At a minimum, the kits shall include latex gloves, moisture proof gowns, surgical masks, eye goggles, a non-feedback resuscitator, large plastic bags, paper towels, and moist towelettes. The inventory of the kits and a review of the appropriateness of the contents shall be conducted

on a predetermined facility schedule. Use of any item shall require immediate replacement.

- F. The Director of Clinical Services shall ensure that adequate supplies of appropriate chemoprophylaxis medications are available.
6. Staff Responsibility. An employee shall report any situation where there is a particular risk of transmission of the HIV virus, and that procedures including Universal Precautions may not be sufficient to adequately address this risk. Staff shall address their concerns to the Unit Administrator, who shall conduct a review, and forward employee concerns with recommendations to the Employee Safety Committee. The Committee shall recommend appropriate action to assure compliance with the law and protection of staff and inmates.
7. Inmate Education.
- A. Each inmate upon entry into a correctional facility shall be offered written information concerning HIV infection, counseling and testing protocols within the Department. Each inmate shall be required to sign a receipt for such information, and the receipt shall be filed in the health record.
 - B. As part of the routine orientation process, each inmate shall be given the opportunity to receive such information concerning HIV infection and to ask related questions.
 - C. Health orientation sessions, including HIV related information, shall be offered as frequently as necessary, but no less than three times a week at intake facilities and once a week at all other facilities.
 - D. Voluntary inmate attendance at weekly education sessions may be authorized upon request by an inmate and based upon the facility schedule.
 - E. Materials and curricula for health education sessions shall be approved by the Director of Health Services or designee prior to use.
 - F. Reasonable provisions shall be made for each inmate with cultural or linguistic barriers, educational difficulties, or mental impairments.
 - G. Inmate health education shall include efforts designed to enhance understanding of HIV infection, and reduce fear, prejudice and discrimination against HIV infected individuals.
 - H. HIV discharge packets, including AIDS related information and available community resources, shall be made available to each inmate reentering the community, participating in furlough, and family visiting programs.
8. Test Consent, Counseling and Referral.
- A. Consent. Unless otherwise stated in accordance with Section 9 below, HIV testing shall be performed with the informed consent of the inmate tested. Informed consent shall be obtained without undue inducement, compulsion, fraud, deceit, duress, or other forms of constraint or coercion, and shall consist of an explanation of the test, implications for medical treatment, the medical impact of refusing the test, and the confidentiality of test results. Written consent for HIV testing shall be obtained on CN 81101, Informed Consent HIV Antibody Test, Attachment A, shall be signed by both the inmate and the HIV Counselor providing the counseling, and filed in the inmate health record.
 - B. Counseling. HIV testing shall be accompanied by pre and post test counseling. Designated Health Services staff members shall administer pre and post test counseling consistent with standards approved by the Connecticut Department of Public Health, AIDS Division. Each inmate shall be notified of the HIV test result within five (5) working days of receipt of the result. Each inmate

testing positive for HIV shall be offered an additional post test counseling session within one week of the initial post test counseling session.

- C. Referral. At the time of intake health screening, physical examination or whenever Health Services staff identify high risk behaviors for HIV infection, qualified Health Services staff shall recommend HIV testing to each inmate exhibiting a history of such behaviors. Any inmate may request HIV testing without a referral from health services staff.
9. Testing Without Informed Consent. Each involuntary HIV test shall require pre-test approval of the Director of Clinical Services, and the Director of Health Services, in consultation with the Deputy Commissioner of Programs. Involuntary HIV testing shall only be conducted after a reasonable effort has been made to secure voluntary consent.
- A. Testing without informed consent may be conducted:
 - 1. when an inmate is unable to consent and no other person is available to authorize testing and the results are needed to provide urgent medical care, treatment of co-infections or to prevent further progression of the disease; and
 - 2. the Director of Clinical Services determines that the inmate poses a significant risk of transmission to others or has been the cause of significant exposure to another and no reasonable alternative exists.
 - B. Testing without voluntary informed consent shall be accompanied by pre and post test counseling, appropriate referrals, and if needed, medical/mental health follow-up.
 - C. Testing of an inmate without consent of the inmate, may be ordered when an employee, if in the performance of the employee's duties, experiences a significant blood borne pathogen exposure incident provided the following criteria are met:
 - 1. the employee is able to document significant exposure during performance of the employee's duties;
 - 2. the employee verbally reports the incident immediately and completes an incident report within 48 hours of the exposure identifying the participants in the exposure, witnesses, time, place, and nature of the event;
 - 3. the employee submits to a base line HIV test within 72 hours of the exposure incident and the test is negative;
 - 4. the facility physician has approached the inmate and sought voluntary consent and the inmate has refused to consent to testing;
 - 5. the employee has a significant blood borne pathogen exposure incident to the blood of an inmate and the inmate, or the inmate's legal guardian, refuses to grant informed consent for an HIV test; and
 - 6. the employee will be able to take meaningful immediate action, if results are known, which could not otherwise be taken.
 - D. Testing pursuant to a court order may be issued if the court finds a clear and imminent danger to the public health or the health of a person and that person has demonstrated a compelling need for the HIV related test result that cannot be accommodated by other means.
10. Occupational Exposure Incident Protocol. The exposed staff member shall immediately report the potential occupational exposure incident to the supervisor. The Occupational Exposure Incident Protocol, Attachment B,

shall serve as the response guide.

11. Reporting of Occupational Exposure Incidents to Blood Borne Pathogens. The Director of Clinical Services shall approve written guidelines for reporting of potential blood borne pathogen exposure incidents that conform to OSHA recommendations. The occupational exposure incident protocol shall be reviewed annually by the Director of Clinical Services or designee.
 - A. The Director of Clinical Services or designee for the Department of Correction and the contract provider's Director of Occupational Medicine or designee shall be notified of all reported occupational exposure incidents at the time of the incident.
 - B. The involved employee may speak directly to the Director of Clinical Services or designee or the contract provider's Director of Occupational Medicine or designee to confirm that protocols are being followed.
 - C. With the appropriate release of information, the Director of Clinical Services or designee shall be available to speak with the staff member's personal physician, community clinic, or significant other, as appropriate, and shall outline the exposure incident review procedure.
12. Test of Source Individual(s).
 - A. The staff member reporting the significant blood borne pathogen exposure incident shall not approach the source individual(s) for HIV testing or any other disease testing.
 - B. When the significant blood borne pathogen exposure incident has been reported to the Director of Clinical Services or designee and the contract provider's Director of Occupational Medicine or designee, the facility physician shall approach the source individual(s) to obtain consent for voluntary HIV testing in accordance with Sections 8 and 9 of this Directive.
 - C. If the staff member wishes to know the outcome of the source individual(s) testing, the staff member shall notify the Unit Administrator immediately in writing.
 - D. Test results and/or other medical information on the source individual(s), shall be released to the employee only by the post-exposure treating physician.
13. Facility Employee Safety Committee. The Facility Employee Safety Committee (FESC) shall review existing documentation to evaluate adherence to protocols and identify opportunities to reduce the incidence and severity of blood borne pathogen exposure incidents.
 - A. Meetings. Meetings shall be held in accordance with Administrative Directive 2.12, Employee Safety. A summary of employee safety committee findings shall be prepared and made available quarterly to the Infection Control Committee (ICC).
 - B. Confidentiality. Information relating to blood borne pathogen exposure incidents shall not be discussed outside the meeting. All documents relating to the significant blood borne pathogen exposure incident shall be accessible to the FESC with the staff member and source individual(s) identifiers removed.
14. Post-Significant Blood Borne Pathogen Exposure Incident Employee Referral Process.
 - A. The involved staff member shall be advised that post-exposure evaluations and procedures shall be performed by or under the supervision of a licensed physician and all laboratory tests shall be conducted by an accredited laboratory per departmental workers' compensation protocol. Blood tests shall not be drawn on a staff member in an employee work site.

- B. The exposed staff member shall be referred by the Department of Correction Supervisor to a community health care provider for follow-up medical treatment and/or blood testing.
 - C. The staff member shall be given a list of community health care provider participants of the State of Connecticut Workers' Compensation Program, or shall be referred to a specific community health care provider. The staff member shall not be prevented from seeking consultation from a personal physician.
 - D. A 72 hour time frame following the exposure incident is identified for completing the baseline HIV test.
 - E. If the staff member elects to use a personal physician as a resource, the 72 hour time frame remains the same.
 - F. The name of the community resource, or private physician shall be documented on the Workers' Compensation form 207.
 - G. Recommendations for employee follow-up are the responsibility of the Workers' Compensation health care provider participant and the post-exposure treating physician.
15. Disclosure of Inmate HIV Status. An inmate's HIV status shall remain confidential as part of the inmate health record and shall only be disclosed on a case by case basis to persons with a substantial need to know. Written permission shall be obtained from the inmate for each individual disclosure of HIV information, in accordance with Administrative Directive 4.4, Access to Information, utilizing form CN 4401, Authorization for Release of Information. In addition to any penalties provided for by law, a Department of Correction staff member shall be subject to progressive discipline, including suspension or dismissal for unauthorized disclosures of HIV related patient information.

Employees with access to health records shall receive training on confidentiality and disclosure issues. Training shall be documented in the employee's training record.

An inmate's HIV status may be disclosed as follows:

- A. To the inmate or the inmate's legal guardian.
 - B. To any person who secures a signed Release of Information from the inmate utilizing CN 4401, Authorization for Release of Information, and the Release of Information is specific for HIV information.
 - C. To Health Services staff responsible for providing care or treatment to the inmate.
 - D. To the Unit Administrator in an effort to provide necessary health services when the behavior of one (1) or more inmate(s) poses a significant risk of transmission to another inmate, or if significant exposure has occurred. Such disclosure shall be made only if the disclosure will enable the inmate to receive appropriate services or is likely to prevent or reduce the risk of transmission of HIV infection, and no reasonable alternative exists that will achieve the same goal and maintain confidentiality of the HIV information.
 - E. To an employee, in cases where such employee, in the course of occupational duties has had a significant exposure to HIV infection, and has satisfied criteria of Section 9(C) of this Directive.
 - F. Pursuant to a court order, if the court finds a clear and imminent danger to the public health of a person and that person has demonstrated a compelling need for the test results.
16. Medical-Mental Health Care.
- A. Each HIV infected inmate shall have access to health care, as provided by the Department of Correction. Appropriate infirmary level care shall be available to each HIV infected inmate having

chronic disease or acute illness requiring continuous medical observation.

- B. Current therapies and/or other treatments that become available in the future shall be available to all inmates in accordance with community standards if clinically indicated by the physician.
- C. The Department shall attempt to provide each inmate known to be HIV infected, with appropriate arrangements to meet the inmate's needs, upon sentence discharge or release to the community.

17. HIV Non-Discrimination.

- A. Staff. No testing of prospective employees for HIV serostatus shall be conducted to determine suitability for employment. HIV serostatus shall not be considered as an exclusionary criterion for employment. Restrictions shall not be placed on an employee's status based on a diagnosis of HIV seropositivity or related conditions if the employee's health enables the employee to perform required duties. The Department may modify an employee's duties based on medical recommendations or managerial prerogatives.
- B. Inmates.
 - 1. An inmate shall not be segregated solely due to being HIV seropositive or due to the stage of the inmate's HIV infection.
 - 2. No housing unit shall be designated specifically and exclusively for the housing of HIV infected inmates.
 - 3. An inmate shall not be excluded from a job assignment solely on the basis of being HIV seropositive.
 - 4. Each HIV infected inmate shall be eligible for consideration to participate in any Department of Correction inmate program without regard to HIV status. An inmate shall be ineligible for the Extended Family Visiting Program if the inmate has tested positive and refuses to sign a release authorizing the disclosure of the existence of HIV infection to the inmate's significant other.

18. Records Maintenance.

- A. Each Unit Administrator shall have access to all available health records in accordance with the law.
- B. Each system established to identify and monitor an inmate's HIV status shall ensure confidentiality.
- C. No external markings, lists, housing card or other visible identifiers shall be used to designate or identify an HIV positive inmate.

19. Administrative Responsibility. The Director of Clinical Services or designee shall approve operational procedures consistent with the U.S. Department of Labor Occupational Safety and Health regulations, and guidelines as they relate to HIV disease and the Department's Blood Borne Pathogens Exposure Control Plan.

20. Community Involvement.

- A. Department staff, community resources, Health Service providers, including trained volunteers, shall be utilized to assist inmates, staff and families with HIV related assistance, such as education, counseling and emotional support.
- B. Volunteers shall be subject to the same standards of security clearance, training and supervision, applicable to Department of Correction staff and contractors in accordance with Administrative Directive 10.4, Volunteer and Recreation Services, and other

participating agencies.

- C. The Department shall attempt to assist inmates anticipating discharge or early medical release with obtaining adequate housing, medical care basic needs, and services as required for patients with similar health needs.

21. Research.

- A. Each request for HIV/AIDS related research from local, state and federal agencies shall be subject to review in accordance with Administrative Directives 1.7, Research and 4.4, Access to Information.
- B. HIV Seroprevalence surveys shall be conducted with the pre-approval of the Commissioner. Information about an individual inmate shall not be released without the written consent of the inmate. Information without identifiers, or in aggregate form, may be released.
- C. No research data shall be released without the permission of the Director of Health Services and/or the Commissioner.

22. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.